

**APPOINTMENT OF THE SECRETARY OF STATE AS AGENT FOR SERVICE OF
PROCESS BY A PRODUCT LIABILITY RISK RETENTION GROUP**

(Name of Company)

having registered as a product liability risk retention group with the Commonwealth of Kentucky pursuant to KRS Chapter 304.45, hereby consents pursuant to KRS 304.45-040 that service of process upon the Secretary of State of the Commonwealth of Kentucky shall be valid service upon the group in any action or special proceedings against the group arising within the Commonwealth of Kentucky, subject to and in accordance with all provisions of the statutes and laws of the Commonwealth of Kentucky now in force and as amended or supplemented. The Secretary of State of the Commonwealth of Kentucky is authorized and empowered to acknowledge service of process for and in behalf of the group in the Commonwealth of Kentucky in all cases as provided for by the laws of the Commonwealth of Kentucky, and service of process upon the Secretary of State of the Commonwealth of Kentucky shall be taken and held to be as valid as if served upon the group according to the laws of this or any other state. The group waives any claim of error by reason of such acknowledgment or service. The group also agrees that in the case of withdrawal of the group from Kentucky, the revocation of its permission to do business in Kentucky, or the group's ceasing, in any manner, to do business in Kentucky, the Secretary of State of the Commonwealth of Kentucky shall still be duly authorized and empowered to acknowledge service of process for and in behalf of the group in all cases as provided for by the laws of the Commonwealth of Kentucky, so long as the group may have any policy in force in Kentucky and for one year thereafter. The group waives the right to revoke this authorization and power granted to the Secretary of State of the Commonwealth of Kentucky to acknowledge service of process in behalf of the group.

Name and address of party
group designates to receive
service of process from
the Secretary of State:

Signature of authorized officer:

Officer's Name:

Officer's Title:

Date:
